



## Louisiana 4-H Code of Conduct Acceptance Form

Rules and regulations governing 4-H events will be discussed by agents and leaders with 4-H'ers before the event.

4-H'ers are under the supervision of all Extension personnel and other adults helping with the event. Each club member will be expected to participate fully in all programs and uphold exemplary standards of behavior.

The following are grounds for sending 4-H'ers home at their parents' expense and may be grounds for suspension in regional and state events for up to 12 months.

- Possession or use of illegal drugs or alcoholic beverages.
- Misuse or abuse of public or personal property. (Individuals responsible will also be required to pay for damages)
- Disrespect for the authority of agents, leaders and specialists (such as failing to follow specific rules or instructions for the event or using abusive language).
- Unauthorized absence from the premises of the event.
- Unauthorized use of vehicles during the event.
- Unauthorized possession of firearms.
- Breaking curfew or disturbing the peace (for example, being late for hotel room checks or disturbing others after curfew).

Realizing these guidelines are not all inclusive, the Louisiana Cooperative Extension Service reserves the right to adjust these policies.

Decisions on discipline will be the responsibility of the Extension agent(s) supervising the event in consultation with others designated as supervisors.

If a 4-H'er is found in violation and is to be sent home, the Extension personnel in charge will notify the parents. They will then call the parish chairman and regional director. Recommendations for suspension from participation in district and state events will be subject to approval by the director of Extension.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parish

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



## Parent Permissions Page

PERMISSION FOR: \_\_\_\_\_

Child's Name

### Parent/Guardian Authorization for Medical Care:

I, the undersigned parent/guardian, understand that although the 4-H staff closely supervises the participants, the 4-H staff is not responsible in cases of accidental injury or illness. In the event first aid is necessary; it will be available on site. I give permission to the physician selected by the 4-H staff to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I give permission to secure proper treatment for (hospitalize, order injections and/or anesthesia and/or surgery) my child.

I (parent) hereby give permission for Louisiana 4-H to administer the following over-the-counter medications if the nurse/med tech deems it necessary. Dosages will be administered according to directions on the bottle unless a parent or physician directs otherwise. **Circle any item(s) you do NOT want administered to your child.**

Aleve	Benzocaine swabs	Ibuprofen	Pamprin
Antibiotic ointment	Caladryl Lotion	Laxative	Sinus/Cold Medications
Anti-diarrheal medicine	Calamine Lotion	Lip Balm	Sunburn Lotion
Antihistamine liquid or pill	Eardrops	Midol	Swimmer's Ear Drops
Aspirin	Eye Wash	Milk of magnesia	Throat spray or lozenges
Bismuth subsalicylate (stomach relief liquid)	Hydrocortisone cream	Muscle Rub	Tylenol

### Parent/Guardian Authorization to participate or exclude participation in event activities:

I give permission for my child to participate in all event activities with the following exceptions:

Membership and participation in activities and events are open to all citizens without regard to race, color, nationality, origin, gender, religion, age, veteran status, or disability. *If you have a disability that requires special accommodation for your participation in this event, please contact your parish 4-H agent two (2) weeks prior to your participation in this event.*

Indicate if your child has special requirements for travel/lodging or dietary needs due to disability or medical restrictions. \_\_\_\_\_

*For an optimum experience for your child and to safe guard all campers, please evaluate if your child should attend camp if they are exhibiting these symptoms: (List of symptoms including fever, lice, ring worms, etc.). For the health and welfare of all campers, if you're child exhibits these symptoms while at camp, you will be contacted to pick your child up from camp.*

Persons designated to take child from event: \_\_\_\_\_

Persons not permitted to take child from event: \_\_\_\_\_

**Note: Your child may be photographed or videotaped for promotional or educational purposes.**

I understand my child may participate in and/or complete surveys and evaluations that will be used to determine 4-H program effectiveness or to promote the program. Youth will be asked their consent before completing a survey or evaluation. Participation in surveys and evaluations is voluntary and does not affect eligibility to participate in the 4-H program. ☐ I DO NOT agree to these terms.

**By my signature I am verifying that all the above information on the Louisiana 4-H Overnight Event Permission/Health Form is true and accurate.**

Parent/Guardian  
Parent Permissions Form

Date

Revised 03/29/11

Explain any "Yes" items and list any other problems, including the diagnosis, date of injury or illness, hospital, length of hospitalization, name of doctor, etc. List any exposure to infectious disease in the two weeks prior to event. \_\_\_\_\_

(Attach a page if extra space is needed for explanation)

Immunizations (latest date):      Tetanus \_\_\_\_\_      Hepatitis \_\_\_\_\_

**Special or Prescription Medications:**

Please list any special medication being taken including the name and phone number of the prescribing physician, dosage, consumption rate and interval.

<u>Name of Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Prescribing Physician &amp; Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Special Restrictions:**

Chronic or recurring illness and treatment which may be needed \_\_\_\_\_

*Dietary modifications require physician's written instructions be given to 4-H staff two (2) weeks prior to the event.*

**Statement of Health:**

To my knowledge, I have no health problems, unless stated earlier, and can SAFELY PARTICIPATE in this event. I would rate my health as: (please circle one)

POOR      FAIR      GOOD      EXCELLENT.

I have no contagious or communicable disease and have had no illness within 30 days that would preclude me from participating in this event. If I do have any health problems or illnesses, they are explained in the space provided on page one.

**Insurance Information:**

LSU AgCenter insures all participants while they attend 4-H sponsored events. This insurance is limited to \$3,000 and does not cover crutches. Remaining medical bills are the responsibility of the participant and his/her parent or guardian.

*It is the policy of the Louisiana Cooperative Extension Service that no person shall be subjected to discrimination on the grounds of race, color, national origin, gender, religion, age, or disability.*



# Louisiana 4-H Overnight Event Permission/Health Form

(To be completed and signed prior to event.)

Participant MAY NOT register without a health form.)

**\*\* Please note that you will need a social security number for admittance to Rapides General Hospital in Alexandria. \*\***

[ATTACH  
PHOTO  
HERE]

Event or Activity \_\_\_\_\_

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_

Street or PO Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parish \_\_\_\_\_

Parent/Guardian (for youth) Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone: Office \_\_\_\_\_ Alternate \_\_\_\_\_

Health Insurance Company Name & Address: \_\_\_\_\_

Group No. \_\_\_\_\_ Policy No. \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Emergency Contacts:

1) Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2) Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## Health History:

List all known drug allergies/allergies: \_\_\_\_\_

Is there past or present history of the following? Check all that apply.

	Yes	No		Yes	No
Appendicitis	___	___	Joint/back or limb pain	___	___
Allergies/sinus problems	___	___	Arthritis or other conditions	___	___
Asthma/persistent cough	___	___	Kidney or liver disease	___	___
Bedwetting	___	___	Menstrual problems	___	___
Bleeding disorder	___	___	Nervous condition/depression	___	___
Convulsions/fainting	___	___	Nose problems	___	___
Diabetes/hypoglycemia	___	___	Physical Disability	___	___
Epilepsy/convulsion/fainting	___	___	Poison ivy/oak/sumac rash	___	___
Eye/ear problems	___	___	Recent surgery/injury	___	___
Frequent ear infections	___	___	Serious illness	___	___
Gall bladder problems	___	___	Serious injury	___	___
Heart defect/disease	___	___	Skin/gland problems	___	___
Hernia	___	___	Sleepwalking	___	___
Hypertension	___	___	Stomach/bowel problems	___	___
Hyperactivity/ADD/ADHD	___	___	Tuberculosis	___	___
Infectious disease	___	___	Ulcers (stomach/intestines)	___	___
Insect stings*	___	___	Urinary problems	___	___

\*Localized redness/swelling do not constitute insect allergy. Body-wide rash, swelling, and difficulty breathing do constitute insect allergy (anaphylaxis).